EXHIBIT C

Federal Deposit Insurance Corporation

600 North Pearl Street, Suite 700, Dallas, TX 75201

Division of Resolutions and Receiverships

April 11, 2023

CERTIFIED MAIL 7011 3500 0000 6282 1057 - RETURN RECEIPT REQUESTED

MATTHEW SCHAEFFER C/O PHILLIP KIM, ESQ.; LAWRENCE M. ROSEN, ESQ. THE ROSEN LAW FIRM, P.A. 275 MADISON AVENUE 40TH FLOOR NEW YORK, NY 10016

SUBJECT: 10540 – Signature Bank

New York, NY – In Receivership Closing Date: March 12, 2023 Claims Bar Date: July 17, 2023

NOTICE TO DISCOVERED CLAIMANT TO PRESENT PROOF OF CLAIM

Dear Claimant:

On March 12, 2023 (the "Closing Date"), the **New York State Department of Financial Services** closed Signature Bank (the "Failed Institution") and appointed the Federal Deposit Insurance Corporation ("FDIC") as Receiver (the "Receiver").

The Receiver has discovered that you may have a claim against the Failed Institution. If you do not have a claim against the Failed Institution, please disregard this notice.

Published Notice/Claims Bar Date: The Receiver has published a notice in one or more newspapers stating that the Failed Institution was closed and that any claims against the Failed Institution must be filed **on or before July 17, 2023** (the "Claims Bar Date").

How to File Your Claim: In order for the Receiver to consider your claim you must submit the properly completed Proof of Claim Form along with the supporting documentation to the Receiver by the Claims Bar Date. You may submit your claim on-line, by mail, or by fax.

Please visit https://resolutions.fdic.gov/claimsportal/s/ to file a claim online and for other helpful services you can perform electronically. When possible, it is recommended that claims be submitted to the FDIC on-line.

If you choose to file your claim via the mail, it is recommended that you send it by U.S. certified mail or a commercial delivery service that can provide you with a receipt of delivery.

To fax a claim you should contact a claims agent at the telephone number listed at the bottom of this letter to obtain a fax number.

Your claim must be filed with the Receiver on or before the Claims Bar Date.

Case 1:23-cv-01921-FB-JRC Document 119-5 Filed 03/01/24 Page 3 of 9 PageID #: 1830

Filing After the Claims Bar Date: Failure to file your claim on or before the Claims Bar Date will result in disallowance by the Receiver and the disallowance will be final. 12 U.S.C. 1821(d)(5)(C)(i).

Time for Receiver to Determine Your Claim: The Receiver has 180 days from the date it receives your claim to determine whether to allow or to disallow your claim.

If Your Claim is Disallowed or You Do Not Receive a Timely Notice of Disallowance: Pursuant to 12 U.S.C. Section 1821(d)(6), if the Receiver notifies you of the disallowance of your claim or if you do not receive a notice of disallowance on or before the end of the 180-day period, you have the right to file a lawsuit on your claim (or continue any lawsuit commenced before the appointment of the Receiver). Your lawsuit must be filed within 60 days after the date of the notice of disallowance by the Receiver OR within 60 days after the end of the 180-day period, whichever is earlier. You must file your lawsuit either in the United States District (or Territorial) Court for the District where the Failed Institution's principal place of business was located or in the United States District Court for the District of Columbia. The Receiver will not consent or agree to further administrative review of your disallowed claim. 12 U.S.C. 1821(d)(7)(A).

Lawsuits: If you do not file a lawsuit (or continue any lawsuit commenced before the appointment of the Receiver) before the end of the 60-day period, the disallowance of your claim will be final and you will have no further rights or remedies with respect to your claim. 12 U.S.C. Section 1821(d)(6)(B)(ii).

Insured Deposit Claims: Claims for insured deposits are claims against FDIC in its corporate capacity as deposit insurer - not against the Receiver. If any portion of your claim is for an insured deposit, your rights differ from the rights described in the preceding paragraphs. An insured depositor's rights are set forth in 12 U.S.C. Section 1821(f). Please contact a claims agent at the below phone number for deposit claims inquiries.

Note to Class Claimants: By law, the Receiver will not accept a claim filed on behalf of a proposed class of individuals or entities or a class of individuals or entities certified by a court. EACH individual or entity must file a separate claim with the Receiver.

If you have any questions about this letter, please contact an FDIC Claims Agent at (972) 761-8677 or refer to the FDIC's website at www.fdic.gov.

FEDERAL DEPOSIT INSURANCE CORPORATION, AS RECEIVER FOR Signature Bank

Enclosures: Proof of Claim Form, Instructions

Instructions for filing Form FDIC 7200/19, Proof of Claim, and Supporting Documentation

INSTRUCTIONS: The following fields <u>MUST</u> be completed in order for your Proof of Claim (POC) to be considered. (The numbers correspond with those located on the Proof of Claim.)

- 1. **SSN/TAX ID NO**. The Claimant's tax identification number (if a company) or his/her Social Security Number (if an individual).
- 2. NAME OF PERSON COMPLETING THE PROOF OF CLAIM. Self-explanatory.
- 3. **NAME OF THE CLAIMANT**. This is the person or entity actually making the claim. This may be you or another person or entity on whose behalf you are authorized to file the claim.
- 4. AMOUNT OF CLAIM. The dollar amount of the claim.
- 5. **DESCRIPTION OF CLAIM**. Detailed description of what is being claimed (e.g., the invoice number, type of service being claimed, account number, etc.). Additional information may be attached.
- 6. **SIGNATURE**. The signature of the person completing the POC. Include your title if you are filing this POC on behalf of the Claimant.
- 7. **DATE**. Date the form is signed.
- 8. **FIRM**. If you are filing this POC on behalf of the Claimant, include the name of your company or firm, if applicable.
- 9. ADDRESS. The address (including City, State, and ZIP code) of the individual completing this POC.
- 10. **TELEPHONE NUMBERS**. Telephone number of the individual completing this POC.

REQUIRED SUPPORTING DOCUMENTATION

- <u>Claims for Goods Purchased by the Failed Institution</u>: You must enclose a copy of the purchase
 order or other correspondence from the Failed Institution requesting the goods, a copy of your
 invoice, and a receipt signed by the Failed Institution (or other evidence) indicating that the goods
 were received.
- <u>Claims for Services Rendered</u>: You must enclose a copy of the correspondence or signed initial
 contract sent by the Failed Institution to request your services and an invoice. In the case of law
 firms (or other professional firms) retained by the Failed Institution, enclose an itemized invoice
 detailing charges accruing prior to failure. For appraisal services, enclose proof that the appraisal
 was completed.
- Other Types of Claims: You must enclose a copy of documents that substantiate the nature and amount of the claim. While you may enclose a copy of the complaint that you filed with a court, this alone is not sufficient to establish your claim.

SUBMITTING YOUR CLAIM

There are three ways to submit your claim:

- Please visit https://resolutions.fdic.gov/claimsportal/s/ to file a claim online and for other helpful services you can perform electronically. Submitting your claim via the FDIC web site is convenient, secure, and inexpensive, and will also help to expedite the handling of your claim
- Fax by calling a claims agent using the phone number in the enclosed letter.
- Via mail to the following address: 600 North Pearl Street, Suite 700, Dallas, TX 75201 If you
 choose this option, we recommend you send it by U.S. certified mail or a commercial service that
 can provide you with a receipt of delivery. Please do not send originals.

NOTE: If you choose to file by mail, it is very important that the Proof of Claim be the top document of your mailing. The bar code allows for the automated creation of your claim file when the Proof of Claim is read or scanned into our system. There is no need for a cover letter.

Page down to access form FDIC 7200/19

Claimant ID: Redacted ; Barcode Value: Redacted Fund: 10540

Federal Deposit Insurance Corporation as Receiver for Signature Bank, New York, NY

PROOF OF CLAIM

| 1. SSN/Tax ID No. | | | |
|---|--|--|--|
| 2. The undersigned | igned (Name of person completing the Proof of Claim) | | |
| hereby states that the | subject Financial Institution, now in liquidation | , | |
| • | , | (the "Claimant") in the sum of | |
| 3. to | (Name of Claimant) | (the Glainfant) in the Sum of | |
| | (Name of Glaiman) | | |
| r. φ | | | |
| Description of Claim | | | |
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| | | hat the Claimant has given no endorsement or assignment | |
| | | hat the Claimant has given no endorsement or assignment other legal or equitable defense to said claim or any part th | |
| me or any part thereof, an | | other legal or equitable defense to said claim or any part th | |
| me or any part thereof, an | | other legal or equitable defense to said claim or any part th 7. DATE | |
| ime or any part thereof, and S. NAME (Name, Tile) | d that there is no set-off or counterclaim, or o | other legal or equitable defense to said claim or any part th 7. DATE | |
| me or any part thereof, and S. NAME (Name, Tile) | d that there is no set-off or counterclaim, or o | other legal or equitable defense to said claim or any part the 7. DATE Proof of Claim) | |
| me or any part thereof, and a second | d that there is no set-off or counterclaim, or o | other legal or equitable defense to said claim or any part the 7. DATE Proof of Claim) | |
| ime or any part thereof, and S. NAME (Name, Tile) | d that there is no set-off or counterclaim, or o | other legal or equitable defense to said claim or any part the 7. DATE Proof of Claim) | |

The penalty for knowingly making or inviting reliance on a false, forged, or counterfeit statement, document, or thing for the purpose of influencing in any way the action of the Federal Deposit Insurance Corporation is a fine of not more than \$1,000,000 or imprisonment for not more than 30 years or both (18 U.S.C. Section 1007).

IMPORTANT NOTE: The bar code at the top of this Proof of Claim is unique to this claim and may not be re-used for other claims which you may have or by other potential claimants. If you have other unrelated claims, you must file a separate Proof of Claim with its own unique bar code. Additional Proof of Claim forms may be found on the FDIC web site or obtained by mail at the respective addresses indicated in the Instructions. Re-use of this Proof of Claim may result in processing delays or the rejection of your claim.

PRIVACY ACT STATEMENT

The FDIC is authorized to request this information from you by 12 U.S.C. § 1819, 1821, and Executive Order 9397. The purpose for collecting the information is to support the administration of claims against the failed financial institution. Furnishing the requested information is voluntary, but failure to provide the requested information in whole or in part may delay or prohibit the processing of your claim. The information provided by individuals is protected by the Privacy Act, 5 USC 552(a). The information may be furnished to third parties as authorized by law or used according to any of the routine uses described in the FDIC Insured Financial Institution Liquidation Records (30-64-0013) System of Records. This System of Records is available for review at www.fdic.gov/regulations/laws/rules/2000-4050.html#200030-64-0013. If you have questions or concerns about the collection or use of the information, you may contact the FDIC's Chief Privacy Officer at privacy@fdic.gov.

Division of Resolutions and Receiverships

May 2, 2023

PIRTHI PAL SINGH C/O J. ALEXANDER HOOD & JEREMY A. LIEBERMAN POMERANTZ LLP 600 THIRD AVENUE 20TH FLOOR NEW YORK, NY 10016

SUBJECT: 10540 - Signature Bank

New York, NY – In Receivership Closing Date: March 12, 2023 Claims Bar Date: July 17, 2023

NOTICE TO DISCOVERED CLAIMANT TO PRESENT PROOF OF CLAIM

Dear Claimant:

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If you have any questions about this letter, please contact the undersigned at (972) 761-8677.

Sincerely,

CLAIMS AGENT Claims Department

Enclosures: Proof of Claim Form, Instructions

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 invoice, and a receipt signed by the Failed Institution (or other evidence) indicating that the goods
 were received.
- <u>Claims for Services Rendered</u>: You must enclose a copy of the correspondence or signed initial
 contract sent by the Failed Institution to request your services and an invoice. In the case of law
 firms (or other professional firms) retained by the Failed Institution, enclose an itemized invoice
 detailing charges accruing prior to failure. For appraisal services, enclose proof that the appraisal
 was completed.
- Other Types of Claims: You must enclose a copy of documents that substantiate the nature and amount of the claim. While you may enclose a copy of the complaint that you filed with a court, this alone is not sufficient to establish your claim.

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Page down to access form FDIC 7200/19

Claimant ID: Redacted , Barcode Value: Redacted , Fund: 10540

Federal Deposit Insurance Corporation as Receiver for Signature Bank, New York, NY

PROOF OF CLAIM

| 1. 3 | SSN/Tax ID No. | | <u></u> |
|------|------------------------------|--|---|
| 2. | The undersigned | | |
| | | (Name of person co | ompleting the Proof of Claim) |
| | hereby states that the subje | ect Financial Institution, now in liquidation ("Fa | ailed Institution"), is indebted |
| 3. | to | | (the "Claimant") in the sum of |
| | | (Name of Claimant) | |
| 4. | \$ | | |
| 5. | Description of Claim | | |
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| | | | |
| | | | |
| | | | Claimant has given no endorsement or assignment of the egal or equitable defense to said claim or any part thereof. |
| 6 | NAME | | 7. DATE |
| 0. | (Name, Title, a | nd Signature of person completing the Proof | of Claim) |
| 8. | FIRM | | |
| | | (if applicable | 9) |
| 9 | ADDRESS | | |
| (| (City, State, and ZIP Code) | | |
| | | | |
| 10. | TELEPHONE NUMBER(S) | | |

The penalty for knowingly making or inviting reliance on a false, forged, or counterfeit statement, document, or thing for the purpose of influencing in any way the action of the Federal Deposit Insurance Corporation is a fine of not more than \$1,000,000 or imprisonment for not more than 30 years or both (18 U.S.C. Section 1007).

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